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**PATENT APPLICATION**  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

James MOSER

Serial No: 09/466,665

Filed: December 20, 1999

For: Method And Apparatus For Clock Recovery And Data Qualification

Group Art Unit: 2634

Examiner: ODUM, Curtis B.

Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450  
U.S.A.

**BOX – NON-FEE AMENDMENT/RESPONSE**

Sir:

**RESPONSE UNDER 37 C.F.R. § 1.111**

In response to the Office Action mailed November 7, 2003, the non-extended period for response being February 7, 2004, please amend the application as follows:

**Amendments to the Claims** are reflected in a listing of the claims beginning on page 2 of this paper.

**Remarks/Arguments** begin on page 20 of this paper.

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Our File: 9-13528-82US (KD/sm)

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Number of pages including cover letter:	24
Date:	February 4, 2004
From:	Kent Daniels
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To:	Company:	City:	State:
<b>ART UNIT 2634</b> Examiner: Curtis B. ODOM	United States Patent Office – Facsimile Centre	Alexandria, VA	(703) 872-9306

Re: Serial No. 09/466,665  
 Inventor(s): James MOSER  
 Title: METHOD AND APPARATUS FOR CLOCK RECOVERY  
 AND DATA QUALIFICATION

Response to Office Action of November 7, 2003 attached.

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031  
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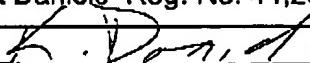
(to be used for all correspondence after initial filing)

		Application Number	09/466,665
		Filing Date	12/20/1999
		First Named Inventor	James MOSER
		Art Unit	2634
		Examiner Name	Curtis B. ODOM
Total Number of Pages in This Submission	23	Attorney Docket Number	9-13528-82US

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement		
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Kent Daniels Reg. No. 44,206	
Signature		
Date	February 4, 2004	

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Typed or printed name	Kent Daniels Reg. No. 44,206	
Signature		Date 02/04/2004

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